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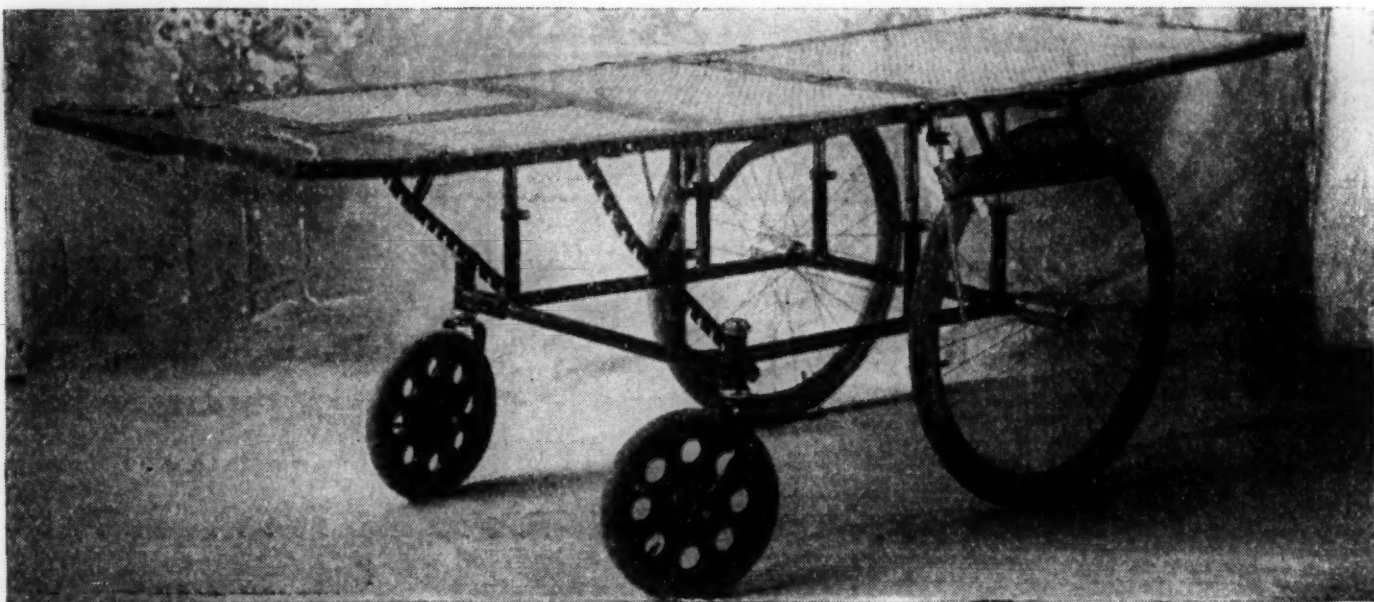
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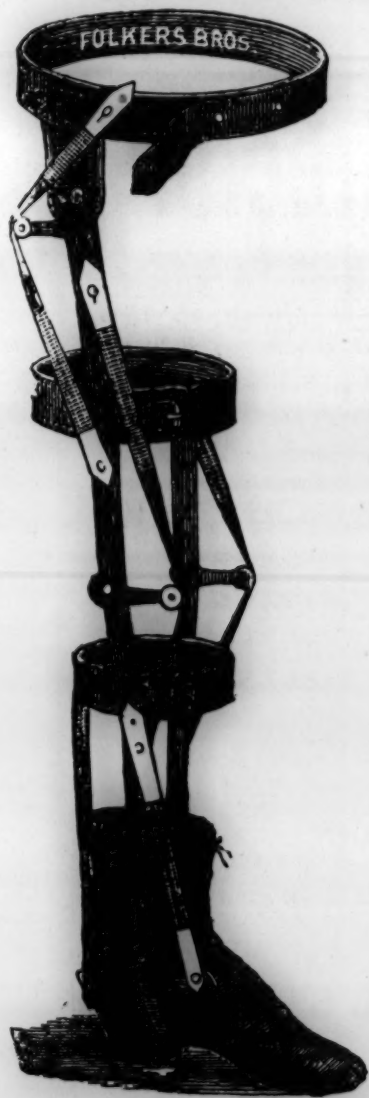
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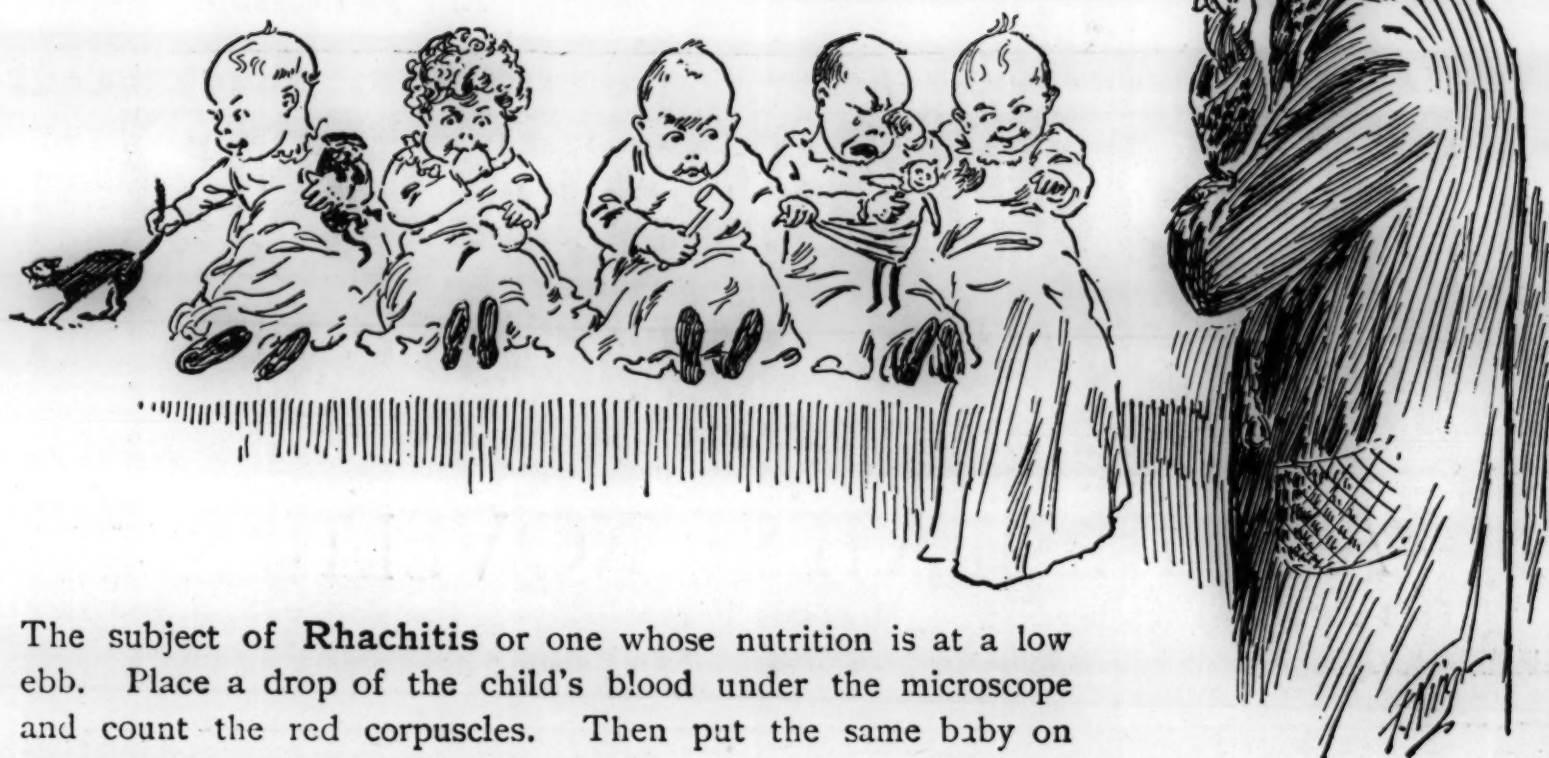
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CALIFORNIA MEDICAL JOURNAL.

Vol. XXII.

AUGUST, 1901.

No. 8.

Clinical Electro Therapeutic Review.

JOHN FEARN, M. D., OAKLAND, CAL.

I AM not going to define the meaning of the word electricity; I have never been able to do this to my own satisfaction, and I should despair of doing it to your satisfaction. My object in this paper is simply to review and give you a little of my experience with the different kinds of currents of this subtle force.

My first acquaintance with electricity must have been over thirty years ago; I got a small Farradic battery, and I thought I was able therewith to treat any kind of ailment to which flesh is heir. I soon found, however, that though it was a good addition to the physician's armamentum, yet it would not do everything. There are many cases of acute suffering that farradism will relieve. Take for instance cases of local congestion with determination of blood to the part. Farradism by relieving determination and promoting a better circulation will help these cases. Such are cases of acute arthritis, with more or less ankylosis, also inflammation and congestion of vital organs, also accumulations of gas in stomach and bowels.

Contractions of tendons, if taken in time, are often relieved by this means. I remember a case in which, following an acute attack of sciatica, the tendo-achilles was so contracted that the heel could not be put to the ground. I used the farradic current and at first he could not feel the current in the limb. I gave him a number of treatments. Sensation came back slowly but surely and the contraction was overcome and the heel went down as in the other limb. I have seen case after case where it seemed as though the distal end of the nerves of the upper and lower extremities were paralyzed. But a persevering use of the mild farradic current has overcome the apparent obstruction, and the nerves have resumed their normal function. That peristaltic action can be quickened and increased by this current I am sure.

A good many years ago, in treating a case of threatened peritonitis, the patient was very much constipated. I had good reasons for not giving cathartics. For relieving bowels, the farradic current was applied, a large sponge to the back, and a smaller one applied

over the bowels. Beginning with the ascending colon, the electrode was passed along its whole course; then across the transverse and down the descending colon and so repeating the course. The first day it was used three times. Such free action took place, that the application the next day was twice, then once a day. It was a very satisfactory therapeutic procedure. I could say much more but what has been said will help to point the way to the cases where this current will be successful.

Galvanism. This is a force which should be used with care and in my judgment should never be used on the sick except by the physician personally. We can use this current where we wish to excite the nerves of the skin and mucous membrane. In some cases of peripheral paralyses where farradism entirely fails we can succeed by galvanism, and we not only bring back life and usefulness to the part, but it seems at the same time to increase nutrition of the part. Haynes teaches that when paralyzed muscles exhibit the reaction of degeneration, galvanism is more useful than farradism. A good many years ago, a case of post-syphilitic trouble was referred to me. In most respects the man seemed pretty well recovered but in the posterior wall of the pharynx there was a large eating ulcer, covered with a tough, dirty coat; in size it was nearly as large as a silver quarter; it was very painful, interfering seriously with deglutition. He had been under continuous medical care for a long time, the last part of the time in the

French Hospital in this city. They were not able either to relieve or cure. Under the use of galvanism applied with a ball electrode direct to the ulcer, the dirty coat cleaned away leaving the raw but clean ulcerating surface; by continued use of this remedy the pain left, and the sore entirely healed. In this case the remedy seemed to relieve suffering, destroy malignancy, bring about nutrition and healing. I have sometimes found it advantageous to use both currents, one after the other.

A young lady about nineteen years old was referred to me some four years ago, she suffered from nervous debility; her eyes gave her much trouble, she was not able to use them much, oculists tried for several years but failed to give relief. Examination showed her to be somewhat anæmic, circulation feeble, anal sphincters contracted, several tender spots in course of the spine. Dilation of sphincters and a little medication helped some. But the spinal trouble and eyes failed to improve. She was placed on table, a large sponge connected with one pole was placed on lower part of spine, the other pole with sponge was placed on cervical portion of spine, a light current (galvanic) was turned on for about six minutes; then for the same length of time a light farradic current was used; quite a number of treatments were given. She improved right along, and soon took a position, where she worked for a living as bookkeeper and typewriter. She has no trouble with her eyes now after this lapse of time, so that her improvement is permanent.

Sometimes we find in passing sounds in the urethra, localized spots of tenderness giving rise to various reflexes. I have found nothing better than to pass a sound connected with a very light current of galvanism.

Electrolysis. That strictures of the urethra can be successfully treated by electrolysis I fully satisfied myself some years ago, but in the deeper urethra I would prefer the knife. Some years ago myself and son treated a case of epithelioma of lower lip by electrolysis the electrode used on the growth on that occasion was a zinc one amalgamated with mercury. The growth had been there some time, but we had the pleasure, after a number of treatments, to see it entirely removed and at this time there is no sign of return of the malignancy.

Galvano cautery. I have had but little experience with this current, except in some few cases of chronically enlarged tonsils and troubles in the throat where I have used the galvano puncture, with some good degree of success.

Static electricity. What a power for good we have in this current. I have now been using it for four years, and the more I use it the more I prize it. You may ask in what kind of cases do you use it? I answer, there is hardly any disease, where at some stage of the disease it cannot be used to advantage. It can be used in headaches, where the cause is congestion from determination, or headaches from anæmia it can thus we see, be used either as sedative (p) or stimulant (n) In neuralgias, in muscular soreness, in

insomnias, in feeble circulation, cold feet and hands. In local congestions, and acute ankylosis from injuries, as of the knee, the shoulder, the hip, etc., etc. It relieves the local congestion and per consequence the pain and ankylosis. To a tired and nervous patient the static breeze or spray is a most delightful experience; it refreshes and soothes, and the patient leaves the platform with a buoyancy and feeling of well-being, which is delightful, so that they look forward to it. Cases of melancholia and despondency become hopeful and look out on life from a better standpoint. In the early stages of sciatica I have seen case after case aborted by the static breeze, static massage and the spark. The spark from the static battery is a remarkable therapeutic agent; in deep-seated congestions, where we want to arouse nature to help herself and throw off diseased conditions we can use it with advantage. I have seen cases where the patient had local areas where it seemed impossible to arouse sensation by the ordinary currents, such was the loss of sensation, but the careful use of the spark brought back life and sensation to the parts in a short time. But I must cease.

X-Ray. For diagnostic purposes I have found it invaluable. In locating bullets, needles, etc., it has done me good service. Some years ago a woman shot a man and then shot herself. The man died, she lived, and was taken to Alameda County jail. The surgeons failed to find the missile. At that time I was the only physician in Oakland who had an X-Ray appara-

tus. They telephoned to me and asked if I would extend to the doctors the courtesy of an examination. I replied I would. The doctors and sheriff brought the prisoner to my office. The bullet was immediately discovered, the place marked, and the next day the bullet was removed. This was quite an advertisement for the apparatus, and since then many physicians in this city have installed the apparatus. In injuries to the osseous system it has been quite helpful, helping to make diagnosis certain.

The X-ray in treatment of cancer has been used here and some physicians have had much paper advertisement for their work. I have had some experience which has been quite satisfactory. But this is the first time it has been put in print. A case of epithelioma of the lower lip of long standing which was breaking down soon yielded and though it is over a year ago I see no signs of return.

A case of epithelioma of the face over the left malar bone, it had been coming for years; the man was over eighty years' old; it was getting very unsightly and troublesome and suppurating. The X-ray was used on it giving an application of about five minutes, with the lead mask; improvement was very slow but it went steadily on, and for some time now there has not been a sign of malignancy.

You have heard of this current being used in phthisis pulmonalis. I think very favorably of it. A lady was referred to me very far gone, distressing cough, severe hæmorrhages, very

much emaciated, poor appetite, but little rest at night. I had her brought in a carriage to my office. The X-ray was applied all over the posterior surface of thorax, keeping the tube as it was moved about from two to five inches from her dress. The effect was very pleasant at the time she was taken home. That night, with but little effort, the lungs literally poured out their secretion. She slept well and next morning she awoke with a good appetite, but she was too far gone. I have used it many times and I have never seen any unpleasant features. I am certainly impressed in its favor.

In conclusion, I have been fortunate, I have never had any burns or trouble whatever from its use. The remedy must be understood and used with care.

I want to offer two suggestions: first, in using electricity, use as far as possible the mild currents.

Second, get the best apparatus. I have spent a great deal of money on electrical apparatus, and I have never had any use for makeshifts. Get the best.

Four years ago when I installed my static plant I spent nearly one thousand dollars in ready cash, and it has done me such good service that I have never begrudged one cent.; nay, if there is anything more helpful for the sick than I have got, that is what I want.

Read before Eclectic Medical Society of State of California, May 30, 1901.

For burns by carbolic acid wash with 94 per cent. alcohol and then with water.

Cantharis.

A. S. TUCHLER, M. D., 798 VAN NESS AVENUE, SAN FRANCISCO, CAL.

THIS old-fashioned drug has some qualities which will bear a little further study. It is not necessary to enter into a description of its origin, as that subject is well covered in the American Dispensatory. We simply wish to call attention to a few salient points of its medical properties and uses.

It has a specific action on the urinary and genital organs. Its specific action is best shown in relieving vesical irritation which may persist after the inflammatory condition has subsided; the desire to urinate is frequent and the amount small in quantity, although the urine is normal in reaction, etc., there is usually no burning pain; there may be a cough, every effort of which causes the urine to be voided. For this condition ten to thirty drops of the specific medicine, cantharis, to four ounces of water, one teaspoonful every hour will give our patients surprisingly quick relief when

all else will meet with disappointment.

It is also a powerful stimulant to the sexual apparatus, especially in the aged, where there is seminal weakness with a frequent desire to urinate. Its use here is in from five to ten drop doses in a wineglass of water three or four times a day.

It will not be wise to increase the dose as herein specified, as it will result in erotic excitement, stranguary, irritation of the alimentary canal and urinary organs.

We will refrain at this time from any clinical histories or details in order to illustrate the above deductions. These proofings have been the result of several years of observation. In conclusion, we desire to humbly acknowledge the valuable advice of Prof. John Fearn to the students of the California Medical College, in the use of this remedy in specific conditions.

Read before the Eclectic Medical Society of the State of California, May 28, 1901.

Staphysagria and Saw Palmetto.

G. W. HARVEY, M. D., WATSONVILLE, CALIFORNIA.

IN the *May Gleaner* Dr. Bloyer calls attention to that prince of remedies (if there be any prince among specific medicines) staphysagria. He is correct in not a few of its specific uses, but his theory of its action I believe

to be erroneous from my personal experience of its specific action upon lines opposite to his. This little item is in no sense controversial, but an effort to throw a little more light upon a most splendid remedy.

Now as to the action of remedies in general, I hold that there are none that act directly upon any organ or tissue of the body, but upon the central nerve center that governs the organ or tissue. Every student of medicine and surgery is familiar with the results of nerve section, and yet strange as it may seem, many still cling to the old ideas of the action of medicines, or if they do change their ideas come no nearer than the organs or tissues that are governed by the nerve centers. Ask any Freshman what the result of a cervical section of the pneumogastriacs would be and he would tell you promptly that digestion would cease at once, and that the most powerful cathartics known to the profession would fail to move the bowels, and that the most potent heart sedatives would be absolutely nil in their action, showing positively that all the organs of the body are governed by the nerves which emanate from a localized brain center, and farther that all medicines act upon these localized nerve centers and through the nerves that lead from them, because when these nerves are cut or severed between their origin and terminals *no medicine can act*. (Flint's Physiology 3rd edition, p. 665). Consequently *all medicines act* wholly upon the nerve centers which govern the vegetative functions of the body, and from these centers upon the different tissues of the organism, through the nerves which obey the mandates of the executive nerve center. But to return to staphysagria.

Dr. Boyer is certainly right in his

premise that many "seeming enlargements of the prostate are but relaxations of vesical tissue," and here is where staphysagria gets in its positive action. Staphysagria is a positive specific in any relaxation of vesical tissue and will cure many severe cystocele and rectocele that the ordinary M. D. considers hopeless, or at best only amenable to surgical aid. Be positive in your diagnosis and if your patient is suffering from an irritation dependent upon relaxation give staphysagria, but if there is a real hypertrophy or as is often the case, a wasting of the prostate, give *serenoa serrulata*. This latter acts as specifically in restoring glandular tissue (reproductive glandular) to normal healthy action as does staphysagria upon tissue that surrounds a canal or orifice. They are both specifics and specifically specific, in that neither act upon the tissues in question, but upon the nerve centers that govern the nutrition of the tissues.

Staphysagria has another specific action and that is in removing those troublesome little non-malignant papilloma that you so often see growing upon the eyelids and neck of some patients. Ten drops in four ounces of water and a teaspoonful three times a day will cause them all to disappear in a few weeks' time, thereby proving in a second instance that medicines in general, and staphysagria in particular act upon the nerve centers and govern or control normal body function and nutrition through the nerves that emanate therefrom.

President's Address--Southern California Eclectic Medical Society.

L. A. PERCE, M. D., LONG BEACH, CALIFORNIA.

A GAIN, as we assemble in our annual meeting for the purpose of considering matters medical, as well as social and commercial, we may bring ourselves into this relation purely from a selfish motive, or, with the idea uppermost in our minds, to increase our own fund of knowledge, as well as to impart something, whereby others may gain useful information from our experiences.

I for one, believe the physician should not only be well qualified in his calling, using everything in his power to so enrich his understanding as to give him the greatest latitude possible for the benefit of the sick, but he should be interested in social and commercial affairs to such an extent, that he is capable of not only advising but competent to put into execution many ideas of practical common-sense of value to the public as well as to his or her patients.

The physician who engages in the practice of medicine purely from a motive of accumulating as rapidly as possible, and who continues upon this line falls short of gaining the highest point of excellency possible in his reach.

While such may prosper to a degree, yet he fails in the end from the very fact that, as he finally reaches a point of adversity he is ready to declare "there is nothing in medicine."

The physician who becomes so fully

enthused with his choice of a profession that his study of disease, and the application of his remedies, are a part of his very being, not as a routine employment, but as a means of relief for the suffering who may appeal to him, he is the one who has, and will have, not only the confidence of his patient, but the esteem of the general public, as well as the conscious pride of having benefited some one, and feeling the world was better for his having lived in it.

There is too often a tendency towards commercialism among physicians which tends to bring us into disrepute, and gives one an impression that as a science, the practice of medicine must be subordinated to the desire for prominence and gain. Yet this does not predominate, but seems more glaring, from the importance given this phase by those pushing themselves before the public in an unprofessional manner. I am glad to say this does not hold in as large a ratio among eclectics as others.

There are some who claim that as a distinctive school of medicine we have served our purpose, and as others come nearer our plane of thoughts and practice, that we should cease to be known as such, and come under one common head as it were, of a class who have done their duty, and as eclectics, have quietly died, and must be forgotten.

This is a misconception of the importance of Eclecticism as a theory, and also as a practical certainty, for, as other schools come nearer the true acceptance of a rational application of therapeutics, the greater need for us to grow in importance and influence, as well as to reach out for a still higher elevation upon which to place our standard.

Eclecticism shall not have fulfilled

her mission until the practice of medicine shall have been lifted above empiricism, and placed upon a rational basis of relation to, and application of specific drug action to disease, and those who drift from this higher plane to the level of former conditions are but doubting Thomases, and solely imbued with the commercial idea of professional methods.

Degenerative Results of Defective Heredity.

CHARLES DENISON, M. D., DENVER, COLO.

THE subtle influence of defective ventilation upon the young, and their susceptibility to the evil effects of vitiated air, lead us to consider the urgency of their needs. The auto-infection of re-breathing the respired air causes a lethargy and enfeeblement of the nervous system, which in turn has a deleterious influence, especially upon the respiratory system. The result of this is seen in physical defects, i. e., the stooping shoulders, and the flat and narrow chests of badly brought up youths. The experiments of Lablanc (1842), Claud Bernard ('57), Valentin ('61), Paul Bert ('70), Merkel, Beu, Ranor, Brown Sequard and d'Arsonal ('92 and '94), Bergey, and especially of Dr. W. B. Richardson ('61), seem to prove that the usual notions of people as to the deleterious effects of modern excess of carbonic acid in the inhaled atmosphere are just about as unfounded and unreasonable as is the extravagant and exaggerated fear of a draft which generally prevails.

Richardson's experiments show that the deleterious influence due to deficient ventilation come from the annulment of the atmosphere's vitality through the consumption or change of its electrical or magnetic property. The motion of the air, aided by the light, warmth and electricity conveyed from the sun, is the one thing needed to perfect its re-respirability. Von Pettenkofer (1861) claimed the excess of carbonic acid is simply an index of the air's other impurities. I should say, with Richardson, that it is an index in evidence of the necessity of re-vitalization by the electrical or magnetic power, which essential quality constitutes its life, its suitability for healthful respiration.

The will power is also dwarfed by the depressing influence of deficient ventilation, and the mind rendered unable to properly appreciate the force of either argument, precept or teaching. The only way to compass this great difficulty is through the system-

atic incorporation of good ventilation and *physical exercise*, and perhaps of manual training, in all grades of schools, from the primary up to the college. Our minds and the thoughts of educators everywhere must be turned more in this direction. The whys and wherefores once generally recognized, a persistent demand made upon educators for physical training and systematic exercise or recreation to be incorporated with hours of study, also a demand made for the thorough ventilation of school as well as living rooms, then a great reform will be inaugurated. Thus a future of health and prosperity will be the natural possession of many a youth who will otherwise be doomed to degeneracy.

This degeneracy means consumption, and, if you will permit the reversal of the order of these terms as given by some authors, finally tuberculosis. There has been a close following by the laity of the medical teaching as to the limited significance of the term tuberculosis. If we are to persist in confining this term to a disease initiated *by* and always associated *with* the bacillus of tubercle, then truly we need another name to cover the whole disease, i. e., from the manifest degeneration which starts in deficient lung ventilation, with its resulting auto-infection or self poisoning, up to the final act in this *process of dying*. We can not help it if thus going back of the germs leaves the way open for the advocates of spontaneous generation (abiogenesis) to claim that this reasoning is an argument in their favor. We have not yet complete knowledge of

the spore formation of the bacillus of tubercle. This germ must have had a beginning some time; and now it apparently has millions of beginnings. As with cancer, there is something more to be learned than we now know of tuberculosis.

Our biologists have many hard questions to solve, but few, I judge, of more importance than this one. As for myself, not a biologist, which I am not, but as plain, practical man, I have come to a belief that tuberculosis in a latent form goes back to the degeneration from which it springs. We need a new definition for this dyscrasic or degenerative disease. If tuberculosis is not the proper term to apply, then we can fall back upon the old and more comprehensive term, consumption, and say: It is a degeneration or slow death, due to the vitiation of the blood, generally produced by deficient ventilation of the lungs, a prominent and advanced sign of which is the bacillary germ of tuberculosis.

The study of tuberculosis in its origin and progress is intimately associated with that of degeneracy and degenerative traits, as shown in the study of the heredity of deaf-mutism, color-blindness, cancer, drunkenness and crime. Admitting this, it has yet seemed to me important to try to hold the mind to the thought of a degeneracy or discrasia which springs from deficiency of ventilation, either without or within the lungs, rather than to single out from the variously combined traits in the defective class any other peculiar degeneration which makes for tuberculosis. I may do injustice to

sypilis by my partiality in this presentation, for lack of time to consider the bearing of that disease upon tuberculosis; but no injustice is done to scrofula or to cancer, so nearly are their dyscrasia related to tuberculosis.

The degeneration which pertains more especially to the mind we must of course leave out, simply remarking, apropos of Dr. McKim's late work on "Heredity and Human Progress," that while it does not now seem to us expedient to fully endorse his peculiar measures for exterminating the defective class, yet there is, in the facts he presents, a decided corroboration of this degeneration which makes for tuberculosis.

The phases of our civilization which work for degeneration, and so also for tuberculosis, were summed up by me in five general propositions and presented to the American Public Health Association at the 1895 meeting in Denver. Referring thereto for the detail argument, I give the conclusions:

First. The advance in the healing art, in so far as the saving and prolongation of life are concerned, suspends the law of natural selection and permits the weak to propagate their kind. It is the doubling of like strains which here intensifies degeneration. I have elsewhere stated: "There is a transmission to offspring from parent or parents of a remarkable susceptibility, and of peculiarities of blood and vitiated vitality, which furnish the required pabulum or field for the growth of the tubercle microbe. The soil and condition under our present civiliza-

tion are constantly made more favorable for the development of the disease, while our ability to combat it is also increased under our advanced knowledge of its aetiology and arrest. But with all our splendid climatic and other advantages arrest is not the eradication of the disease; on the contrary, the total of hereditary influence is necessarily increased because more affected persons survive. Undoubtedly the increasing average of longevity of civilized people is in no small degree due to the prolongation of the lives of chronic invalids. Thus it becomes an open question: Do not the valetudinarious equal the healthy in longevity? Consequently it results that Darwin's law—the survival of the fittest—is in danger of becoming obsolete, while the total of bad inheritances is in no sense lessened. The vicious seed is not destroyed, but preserved, to be again mixed with the good. 'Like begets like,' only more so in the case of these recovered consumptives, and it becomes a serious problem how a community like that in Colorado, largely made up of recovered invalids, will be governed in future, that a normal state of health may be assured to her inhabitants."

Second. The present civilization stimulates the intellectual and nervous system to such an extent as to injure the physical (reproductive) powers and favor sterility.

This mastering incentive to excel, admittedly the source of improvement of the race in refinement and power, is nevertheless undoubtedly a principal cause of the decadence of that race in

physical well being. There is a weakening at the top, portending the not distant extinction of that quality, unless it be constantly replenished from the lower orders of the race.

In the social world the unfortunate demands of caste, and the appreciated cost of the honors and responsibilities of parentage—each generation seeking to outstrip its predecessor in the comforts and refinements of life—too often furnish excuses for a celibacy or a state of immorality which deprives the earth of what ought to be, under more favorable circumstances, its most prosperous increase.

In the intellectual world the same incentive to excel, the demands of time and study necessary to proficiency in professional life, furnish further and additional excuses, with those who do marry, for a delay in assuming the responsibilities of parentage till the total effect can be seen in the gradual extinction of these higher classes.

Patten, in his "Development of English Thought," believes that "there may be some general law that makes fertility depend on the amount of nutrition," and though "its decrease may be mainly due to the over-stimulation and nervous excitement that modern society forces upon women," yet he claims that the present prevalent sugar diet, and the over nutrition of women decrease their fertility. He declares that "the elimination of sensual men, and of women made inactive by art, literature and sugar diet, are the prominent causes of modifications in the national character."

Third. The social, commercial and

manufacturing phases of our civilization favor indoor and inactive modes of life which are detrimental to successful physical development, and inheritance propagates the depreciated life force."

Fourth. The independent self-supporting of women, chiefly in clerical positions, removes from the probability, if not the possibility, of successful motherhood a considerable portion of the so-called gentler sex, through the resulting great decrease in matrimony and the exhaustion of the vital powers of women in nerve-taxing occupations.

Fifth. The present unaided efforts of natural selection should be supplemented by warning the young before matrimony. The masses ought to be educated physiologically that the laws of heredity may be understood, that physical development and mental strength may be appreciated, and that the responsibilities of parentage may be recognized.

Reflecting upon these important truths, I formulated a *rule of marriage selection to avoid consumptive offspring*. It is submitted as at least a partial guide to young persons when considering, as all are expected to do, this vital question; also as an aid to their advisers and parents. It is founded upon observation of the child mortality in certain families; also upon the study of the highly wrought nervous organizations, affording greater susceptibility to infection, and of the constitutions with less resistance to disease which degeneracy in parents gives to their offspring. Therefore, the excessive mortality *before* the age of five

years, in previous generations of a given family, is a measure, so to speak, of the degeneracy of that family.

RULE OF MARRIAGE SELECTION TO AVOID
CONSUMPTIVE OFFSPRING.

Find the *proportion* of all the mother's and father's and their married brothers' and sisters' children born—i. e., the party's parents', uncles' and aunts' children—who were living at five years of age.

1. Then (excluding deaths wholly attributable to accident or having nothing to do with disease), if less than eighty per cent. of such children were alive at that age, there is reason to suspect a weak strain in that lineage.

2. If less than sixty per cent. of such progeny were then alive, there is strong proof of such degeneration.

3. Add to this or consider it separately, that either the party's mother or father or any two of his or her grandparents, uncles, aunts, brothers or sisters died of consumption, cancer or scrofula, and the proof of some defective biology in that family strain is still more evident.

4. Add to this the party's health not good, even so little defective as "never very robust," or the person now flat-chested and under weight, then his or her fitness for parentage is still more impaired.

5. Double this tendency to degeneration by uniting two family lineages equivalent to the above section 3 on the one side and to section 4 on the other, and sin will be committed by such marriage only second to the

the marriage of a healthy person to an invalid in active tuberculosis, which latter should never be consummated under any circumstances. The only concession possible which would allow of such marriages is the non-bearing of children, that this lineage may end with the contracting parties' lives.

Many conditions may be mentioned which would intensify the gravity of this reckoning, as, for instance, a strain of epilepsy, insanity, intemperance, or scrofula existing in the progenitors' families; or the concomitant conditions such as poverty and a climate favoring consumption, inseparable from the contracting parties' lives.

Let intelligent and forceful instructors take this matter up as a study with all students, male and female, during the graduating year of the school or college life, so that there may be a thorough understanding by young people of their responsibility and duty in this most vital matter.

Here is a movement which could be commenced at once if only there were the intelligence and force to do it rightly. We need to be educated to a higher plane of living. It is asserted that "love is blind," that, whatever you say, young men will make fools of themselves in choosing a wife, and that girls will repeatedly "turn down" proper offers of marriage only to "pick up a stick" of a man in the end. Let me say that under a proper system of education, and a discreet enlightenment of the young as to their responsibilities, "love will go where it is sent" and it will be sent to the right place.

The fundamental need of posterity

is not only to be brought up right but to be born right, and it will be a great blessing if a more intelligent and wiser mating of temperaments can, to a degree, displace mere sentiment in matrimony.

The study of this subject of degeneracy in its relation to tuberculosis leads to other possibilities of legislation besides that which shall relate to the question of marriage. We have now little time to consider this or to suggest what the State's treatment should be of its wards—the confirmed degenerates, criminals, the insane, the lepers and the specific disease vendors, whose lives are all menaces to the well being of society. There is a method to consider, and perhaps to adopt, better than the arbitrary extermination by death of these defectives, as proposed by Dr. McKim.

The hesitancy to enter upon the discussion of this subject is natural, considering the prejudices of people and the necessity of thorough and systematic investigation before an intelligent determination is possible. Admitting the objections which anything so radical naturally excites, permit me to make a few observations to be taken *only* as suggestions. Candor compels us to admit that this proposed substitutive procedure—desexualization—however skillfully and painlessly it might be performed through the extra precautions taken by the chosen servants of the State, does not meet the requirements of a certain proportion of the cases which justly and necessarily come under the guardianship of the State.

Candor also compels us to admit that that judgment is perverted which values the lives of murderers, idiots and the hopelessly insane so highly that they must be preserved to further contaminate what ought to be a healthful society.

In regard to the three classes just named, when, as Dr. McKim conditions it, they come under the care of the State, the question whether it would not be better and safer for the rest of humanity if they were not allowed to live is certainly a reasonable one for official investigation.

The first thing to be done is to investigate so as to know what to do.

What an excellent thing it would be if a governmental provision could be made for a salaried investigating Commission on Hygiene and Racial Improvement, of say, three to five distinguished physicians, students or authorities in biology, hygiene and sociology. This commission should be so appointed that the best selection would be made in order to thoroughly investigate the following important questions, upon which they should be required to report: the form of laws to be submitted to State legislatures for their consideration and possible enactment, i. e.:

First. For the legislative control of marriage on the basis chiefly of physical fitness, with the object in view of racial improvement and future prevention of disease, especially tuberculosis. The education of a licensing class, from which to choose boards of control in the separate States, would properly come under this commission's

investigation. The popular education of the young before graduating from advanced schools and colleges, as hereinbefore advised, would also be a part of their study.

Second. For the possible limited use by the State of painless death without the knowledge of the dying, in order to rid society of the useless and harmful lives, which, in the persons of murderers, idiots, moral imbeciles and degenerate and incurable lunatics, come wholly under the State control and care. This should be done only after a finding of a specially prescribed, thorough investigation by an impartial and fully competent examining board. As McKim says: "Here lies a field which promises rich fruits to earnest inquiry, in the course of which a modicum of intelligence would have far more worth than a flood of sentiment."

Third. For the limited and legalized use of desexualization with the purpose to ameliorate and limit degenerative diseases of advanced types, to arrest degenerative practices tending to imbecility, and as a punishment for gross crimes, as rape, incest and bestiality.

[A lawyer friend, a man of experience and exceptional judgment, says of our confirmed degenerates—criminals, insane, lepers, etc.: "Let the commission, at whose instance the marriage license is issued, refuse it to all persons coming within the tainted degrees, and let it be a penal offense for all such persons to cohabit and rear offspring; and, if in the face of these preventive provisions persons are

found violating these laws, let them be desexualized."]

These are three of the unsolved problems of our imperfect civilization which could be worked out with great good to the human race by such an inquiry as here suggested. Before such an investigating commission the fittest and wisest representatives of the learned professions could be called to aid in rightly determining these unsettled though momentous questions. It is either evolution through a wise recognition and correction of our faults, or else inevitably dissolution because, like the lower animals, we fail to comprehend our mission in life and to adjust ourselves to our environment.

The conclusion of the study of the degenerative results of deficient ventilation and of defective heredity is the following proposition which I have endeavored to establish, namely:

That "tuberculosis" is the outgrowth of a prevalent degeneration, due to our faulty civilization and largely propagated by heredity, the bacillary infection being but an incident thereto.

The ratio of physicians to population is less than 1 to 600 in our country, while in Great Britain it is 1 to 1,100, and in Russia, 1 to 8,500. Proportionately, we have four times as many physicians as France, five times as many as Germany, six times as many as Italy, and six times as many medical schools as any of these countries.

Brief Notes on the Treatment of Headaches,

C. A. REGER, M. D. PHILADELPHIA, PA.

Headaches are of such various origin as to require a careful selection of the remedies employed in their treatment, for the drug indicated in one case may be entirely contraindicated in another. So many of these cases are of reflex origin that it is often necessary to interrogate every organ of the body and to treat the original trouble before a permanent cure of the headache can be secured. There is a strong temptation in these cases when the patient is suffering from excruciating pain to resort to the use of morphine, but it must always be borne in mind that it is just these cases which furnish the largest contingent of morphine habits. Still it is our duty to afford relief to the sufferer as quickly as possible, and therefore it is a comfort to the practitioner if he finds a remedy which, though it may not be curative, can be relied upon to alleviate the distressing pains without subjecting the patient to the danger of habituation or to injurious effects upon the circulation or nervous system.

It is not my intention here to enter into a discussion of the comparative merits of the numerous preparations that have been introduced from time to time, but rather to call attention to a preparation which has proved a most reliable anodyne and sedative in cases of headaches of diverse origin. The remedy referred to is hemicranin, and my extensive experience with it justi-

fies me in calling attention to its safety and efficiency, and its freedom from unpleasant after-effects, as is shown in the following cases:

Case I. E. F. had been a sufferer about twice a month from distracting headaches due to eye-strain, the result of astigmatism. Both her parents and herself objected to her wearing glasses. The pain was described as excruciating and as if little hammers were beating her head. She stated that sometimes it was so intense as to deprive her of sight and reason. One ten grain hemicranin powder on each occasion entirely relieved the pain in ten minutes, but another was taken at bedtime to remove the soreness, and after its administration she enjoyed good sleep and awoke without the least pain.

Case II. Married lady, aged 58, had been a sufferer from chronic rheumatism and had attacks of headaches since a number of years, for which she had been unable to obtain any marked relief. The headache was occipital, and violent throbbing extended to the vertex. She complained of a sensation as if her eyes were being pushed out. Hemicranin, 30 grains divided into three powders, was prescribed; doses to be taken at intervals of one-half hour. The next day she reported that after one powder the pain had entirely ceased, but that she had taken another as a precaution, and had since

been entirely free from headache. She was delighted with the remedy, as she had never derived any relief from any other medication.

Case III. Mrs. A., aged 30 years, had suffered since ten years from probable left salpingitis. I say probable, since a number of physicians have diagnosed this case as some obscure form of ovarian or tubal trouble. She complained of headaches situated principally on the vertex, the pains being crushing and affecting the sight. When the pain is at its height vision in the left eye is almost nil. Although she had consulted a number of physicians the headaches had persisted

with but little alleviation. In this case also hemicranin has given the most excellent results on numerous occasions. A ten grain dose produced marked relief in from ten to twenty minutes, and complete relief in less than an hour. She also declares that the remedy makes her feel more comfortable in general, and thinks that it actually has a tonic effect.

These cases resemble one another in no particular except in the presence in severe headache, and the fact that they were all greatly relieved by the administration of hemicranin speaks decidedly in favor of the utility of this remedy.

SURGERY

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An Early Laparotomist.

McDowell was not the only early laparotomist of America. Dr. Julian Harmon, of Warren, O., gives some information to the *Cleveland Medical Gazette* concerning some abdominal sections made by his father. In June, 1820, Drs. Enoch Leavitt and John B. Harmon removed a fatty tumor (intra-peritoneal) from the pelvis of Mrs. Eggleston living at or near Mantua. It weighed thirty pounds. She made a fairly prompt recovery and bore some children after, as she had before. (This is the only successful case ever

recorded.) In July of 1822, Dr. Leavitt proposed to remove a tumor from a Mrs. Norton, who lived in Warren township—some three miles from the village. Dr. Leavitt thought it was ovarian, but Dr. Harmon thought it was cancer of the liver. Dr. Leavitt proposed to operate with the assistance of two younger physicians. At the last the woman refused to undergo the operation till Dr. Harmon should be present. He was called and Dr. Leavitt opened the abdomen. Finding the case as Dr. Harmon told him he would, he asked what they had better do. "You have got her

opened, and may as well cut out what you can." Handing the knife to Dr. Harmon, Leavitt said, "you do it." Five scirrhus tumors, from the size of a goose egg to a pullet's, were dissected from the under surface of the liver, the largest being embedded deep around the gall-bladder. The hemorrhage was profuse and the woman nearly died on the table. Brandy, laudanum and ammonia finally pulled her through. The doctors staid by her bedside ten days and nights—one being always with her. She lived three and a half months. During that time she became able to ride to the village several times to consult her physician, but in the latter part of November reached the end of her suffering. In 1836, Robert Gordon, a brick and stone mason, while doing some heavy work at Ashtabula, was hurt by a heavy piece of timber or a limb from a tree falling on him across the abdomen. As soon as he could be moved, he was brought to his home in Warren. He remained in great pain and very feeble. Dr. John W. Seeley and Dr. Sylvanus Seeley (his son) and Dr. Harmon finally concluded to open the abdomen. A large tumor had gradually formed. A large flap was turned down, the intestines drawn down and out; the tumor was solid, imbedded between the liver, stomach and mesentery, all of which were firmly adherent to it. The operation was slow, lasting some three and a half hours. The oozing of blood proved very obstinate. In fact, it was current talk that nearly one-half of his liver was cut out. He was a hardy man and would take

nothing before the operation. Convalescence was slow. Between two and three months passed before he left his bed, and he was sallow for a year or two after, but eventually became able to resume his work, and lived to be eighty or more years old.—*American Journal of Surgery and Gynecology* April, 1901.

Open Reduction of Fractures.

M. T. Tuffier urges the use of the Roentgen rays in every case of fracture, to ascertain whether the fragments are or are not perfectly coapted. Two classes of people, he says, object to their use; patients who cannot understand the interpretation of the picture, and surgeons who are so well satisfied with their methods of fixation that they can see no advantage in the use of the rays. Further, artisans or artists should not be allowed to pass judgment on Roentgen-ray pictures of fractures; the physician only should do this.

In fractures in which the fragments are not well united, the Roentgen-rays prove it, and asepsis permits the open method of treatment; that is, an incision over the site of the fracture, the use of traction and reduction of the fragments (which are best accomplished by special bone forceps) fixation of the fragments, suture of the soft parts, and, finally, the application of suitable fixation apparatus. Fractures of the epiphyses, especially, are suitable fractures for reduction by the open or "bloody" method.—*Presse Medicale*, October 24, 1900.

Electro-Therapeutics

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The Cause of Roentgen-Ray Dermatitis.

Kienbock (Wien. klin. Woch.) states that idiosyncrasy to the Roentgen rays does not exist, though some parts of the body, such as the mucous membranes and the skin over the face and back of the hands, are more susceptible than others. To avoid unwished-for erythema or dermatitis it is necessary to know to what they are due. The view most generally accepted in Germany and Austria is that the skin is affected by the electrical discharges from the tube, or the "electrical field" surrounding it, and not by the Roentgen rays themselves. The more complete the vacuum in the tube, the greater is the required E. M. F. If the E. M. F. is insufficient to overcome the resistance of the tube, the current finds its way through the air outside the tube, and is not converted into Roentgen rays. If, with a highly evacuated ("hard") tube, the E. M. F. is sufficient to overcome to a certain extent the resistance, some of the electricity is converted into Roentgen rays, which have a great power of penetration, and therefore produce a skiagraph lacking in contrasts. In a good ("medium soft") tube the vacuum is not so complete as to prevent the current passing between the electrodes; almost

all the electricity is converted into Roentgen rays, which give a skiagraph with well-marked contrasts, and very little passes round outside the tube. If the vacuum is not complete enough, on the other hand, the current passes too easily between the electrodes; it produces violet fluorescence, but no Roentgen rays. Those who believe that the skin is influenced by the electrical discharges and not by the X-rays use highly evacuated tubes in the treatment of hypertrichosis, lupus, or other skin disease, and moderately evacuated tubes when they wish to avoid all effects of the rays on the skin. Those who, on the contrary, believe that the Roentgen rays are themselves the active agent employ exactly the opposite method. It is not surprising, therefore, that unexpected and unpleasant results follow. Another source of danger is that the degree of vacuum within a tube varies. A too highly evacuated tube after a few minutes' use becomes "softer" and emits more X-rays, but afterwards, while disused, becomes even "harder" than before. Some form of tube in which the degree of vacuum can be regulated at will should, therefore always be preferred. Kienbock's experience, both clinical and experimental, proves that cutaneous changes

always result from the Roentgen rays and not from electrical discharges. (1) Four patients were treated for hypertrichosis, sycosis, etc., with rays from a highly evacuated tube. The changes produced were inconsiderable, and, though temporary alopecia occurred in one, the hair was soon regenerated in spite of the treatment being continued. A tube with a self-regulating vacuum, which emitted rays which gave skiagraphs with sharply defined shadows—"medium soft" tube—was substituted. Simultaneously, a fifth and hitherto untreated patient was subjected to the action of the new apparatus. On the eleventh to the fifteenth day such redness and swelling with, in one case, pigmentation, and in another ulceration of the skin set in, that the treatment was abandoned. (2) Several rabbits were subjected to rays from a "hard" tube on one flank, and a "soft" tube on the other. The "soft" tube alone produced dermatitis and alopecia. (3) It can also be proved that the dermatitis is produced by rays, which, like the Roentgen rays, travel in straight lines in all directions from the focus of the tube. Thus the changes are less at the periphery where the rays strike the skin obliquely, and the circular patch of changed skin is larger the greater the distance from the focus. If the anticathode be placed at right angles to the skin of the forearm, so that Roentgen rays are emitted from only half the tube, dermatitis is produced in the skin opposite the rays, and not in that under the other half of the tube, although it is equally exposed to the electricity. Again, sharply

defined figures of normal skin will appear within an area of inflammation if a leaden block be interposed between the focus and the skin. But the outlines would not be sharp if electrical discharges were the cause of the dermatitis, since these are given off, not from a focus, but from the whole surface of the tube and the wires connected with it. India-rubber gloves which completely protect the hands from electrical discharges are of no use in preventing dermatitis. As there is generally an incubation period which may extend to twenty-one days, it is wrong, when applying the rays for therapeutic purposes, to wait for the first signs of a reaction before discontinuing the treatment. After three to five applications of the rays from a "soft" tube on successive days a pause of two to three weeks should be made. Afterwards, when the effects of the treatment have passed off, or if no reaction is produced, the process may be repeated.

Application of the Uranium Rays to Enhance the Effect of the X-Rays.

E. Grunmach (Bull. So. des Hopitaux de Paris): A screen of fine linen is impregnated with a solution of uranium—the source of the Becquerel rays—and suspended between the vacuum tube and the subject at a point where the X-ray must pass through it. The shadows cast on the fluoroscope are much clearer and more distinct, and the contrasts are sharper than by any other technique. The finished actinograms are likewise exceptionally distinct, even with obese subjects.

GYNAECOLOGY

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Aseptic Minor Gynaecology.

[CONTINUED FROM JULY NUMBER.]

Cleansing of Instruments.—After instruments have been used, either for operative work or for simple examination of the female genitalia, they should be thoroughly cleansed and sterilized before being used again. They should be placed immediately in a 2 per cent. solution of the antiseptic soap, where they are allowed to remain for five minutes. They are taken out of the solution and scrubbed with a stiff brush if they have come in contact with blood or pus, particularly the parts where there are serrations and about the locks. Double-bladed instruments, such as forceps, dilators and scissors, should be taken apart and all parts thoroughly washed. Scissors, blades and scalpels are dipped into the soap full strength and wiped off thoroughly with a bit of gauze. When instruments are tarnished, they should be scrubbed with the finest grade of sapolio on a bit of gauze. When this does not brighten the surface or remove roughness, they should be repolished or replated. After the instruments have been carefully washed in this manner, they are placed in a sterilizer partially filled with a 1 per cent. solution of the synol soap and boiled for three minutes. They are

then laid away in a case on glass shelves. Cutting instruments, scissors and knives are not boiled with the other instruments, but are immersed in a boiling solution of the soap separately for two minutes.

In office work, a sterilizer may be kept boiling in a convenient place and the instruments may be placed in it each time after they have been used, but they should be first washed as described above.

When instruments are required for immediate use and time cannot be spared for sterilization by boiling, they may be quickly sterilized by placing them in a pan and pouring over them a small quantity of alcohol, which is then ignited. After the alcohol has been permitted to burn for half a minute, if there is too much alcohol to burn out in that time, water is poured over them from a pitcher and the flame is extinguished. Burning alcohol is a very hot flame, and the temper of instruments would be destroyed if submitted to it for too long a time, hence it is not well to let it burn for more than half a minute.

When not in use, instruments should be kept in a closed case, free from dust, on glass shelves. They should be cleansed and sterilized before they are put away as described above, and if one should be taken out and handled

it should be sterilized before it is put back into its place; thus instruments are kept always ready for use. It is wiser, however, to boil them for two minutes again immediately before they are used, because dust may settle upon them from the opening of the doors of the case containing them.

Asepsis in Examination at the Patient's Home.—Asepsis is quite as important when patients are examined or treated at their homes. If the physician will go prepared for it, it is as readily attained here as elsewhere. Everything that may be needed to secure perfect asepsis should be taken with him in his bag, including antiseptic soap, sterile absorbent cotton, gauze, sterile nail brush, etc.

In making examinations or doing minor operations at private houses the bed or couch should never be used. A kitchen table is easily obtainable in every house, and this can be readily converted into an examining table. This should be placed conveniently near a window and covered first, either with a blanket folded several times or a thick quilt. Over this is placed a fresh, clean sheet, which is folded over at the corners and pinned down with safety pins. The rubber air-cushion is placed in position at the foot of the table and everything is ready for work. On a smaller table or chair placed to the right of the physician, as he faces the foot of the table, is placed the tray containing the instruments to be used. Then the irrigating reservoir is filled and the hook screwed into the window-facing preferably to his left. Before beginning, there should be placed in

readiness an extra pitcher of the solution for refilling the reservoir when it is exhausted, so there may be the least possible delay during the procedure.

Where slow, gradual dilatation of the cervix by sponge or laminaria tents is required, I have succeeded in accomplishing it in perfectly aseptic manner by employing the sponge-tent cover made of rubber. These have been made for me by the Miller Rubber Mfg. Co., of pure gum, very thin, and they stretch easily. Hence, they offer the least possible resistance to the expansion of the tent. The method of using them is as follows, viz., a narrow strip of sterile absorbent gauze is folded over the point of the tent and down along each side, one end being left longer than the other. The gauze is now wet by dipping it in water. The cover, previously sterilized, is then slipped over the tent covered with the strip of gauze, the long end of which is left hanging out of the mouth of the cover. The tent is grasped in a pair of forceps by its lower end outside of its cover and inserted in the cervical canal. The vagina is then filled loosely with absorbent gauze which is made thoroughly wet. The capillary action of the gauze strip over the tent within the cover takes up the water from the gauze in the vagina and wets the tent, causing it to expand. Thus the tent expands inside the cover and does not come in contact with the canal. Therefore, a perfect aseptic, gradual dilatation is secured.

The physician's first duty is always to his patient, and her interest and security should be kept constantly before

him. She must, therefore, be impressed with the importance of what is being done and must under no consideration be permitted to think any detail unimportant or that she may with impunity neglect herself or miss appointments. Above all things, the case must not be dismissed nor must the patient be permitted to discontinue treatment until cured. She must be made to realize

that relief of symptoms does not necessarily constitute a cure, and that the physician is the only one competent to decide this point. He must have her entire confidence, to be successful. Without this he would better not undertake the case. Her confidence cannot be gained by incompetent and imperfect methods.

Conclusion.

Eye, Ear, Nose and Throat

Edited by H. BOSWORTH CROCKER, M. D., Auzerais Building, San Francisco, Cal.;
Assistant to the Chair of Ophthalmology, California Medical College.

A Simple Treatment for Trachoma.

Trachoma is such a common disease and is such an important affection, because of its disastrous complications and sequelæ which are responsible for many cases of partial or total blindness, that every practitioner should at least be able to properly attend an acute case and thus mitigate the evil results which will follow every case no matter what treatment may be used.

Ordinarily a physician will not be called upon to treat a case of true acute trachoma as the disease is often insidious, or attended with so little inflammation that it escapes notice. However, there are sometimes cases in which the discharge and swelling are so great as to demand attention. First of all, remember that you are dealing with a contagious disease, therefore protect the unaffected eye

and guard against spreading of the disease within the family by towels or actual contact. A fountain syringe holding at least two quarts should be filled with a weak sterile boracic solution and placed in a bed of cracked ice, elevated one foot above the patient's head. The stream should be allowed to flow very slowly over the eyelid, and this treatment should be persisted in for several hours, irrigating the palpebral conjunctiva at frequent intervals, being careful not to injure the cornea.

In connection with this irrigation, during the intervals while the patient is resting, I advise the instillation of a 5 per cent. solution of *aqueous* extract of thuja. This will cause some pain which may be somewhat lessened by the instillation of cocaine some minutes previous to the use of the thuja, although I do not favor the continued

use of the anæsthetic, and it is far better to allow the patient to suffer than to risk causing a necrosis. This is especially liable to occur because the combined action of the thuja and cocaine will result in an almost complete local anæmia. The thuja in combination with the cold irrigation will reduce the inflammation very quickly, and after a few hours the irrigation may be stopped as the swelling will have disappeared and the discharge also. The thuja should now be used every half hour and continued at gradually increasing intervals until no inflammatory symptoms reappear.

In the true acute form, this treatment will prove sufficient, but in the acute manifestation of chronic trachoma, which is most commonly met with, the irrigation and weak thuja solution, while of value, will have but temporary effect. When the swelling and discharge have been checked by this treatment the only way to obtain permanent relief is to resort to surgical measures. Of all the methods devised for the removal of the granules simple excision is the quickest, most effective and least painful. Each granule should be excised and also any which may be immature. After this a direct and thorough application of bichloride solution 1 to 1000 should be made to the wounds followed by a copious irrigation. This will result in a slight inflammation which may be reduced by cold applications and thuja locally and internally. If this delicate bit of surgery be done with clean instruments and sterile irrigations it will result in a prompt and permanent cure.

Some oculists rather decry the use of thuja preferring nitrate of silver, or the copper sulphate stick. The copper sulphate is valuable, but for the physician who may be rather unfamiliar and perhaps clumsy, the instillation of thuja will give good results and no injury can possibly result from its use. It should be remembered, however, that no local application will effect a permanent cure although the attack may be shortened, and the patient put in a better condition for operation.

Notes and Items.

The city of Washington will require the presence of a surgeon at every large fire.

The officials having charge of immigration will hereafter deny admittance to persons having tuberculosis.

An organization has been formed at Denver of physicians and others with the object of establishing an industrial sanatorium in the Rocky Mountains.

In Baltimore there was exhibited recently the body of a white child normal from the waist up, but having instead of legs a single appendage with a four-toed foot.

Tabetics have organized a national locomotor ataxia league in New York. The league will maintain a sanatorium and will offer \$10,000 for a permanent cure. It is said that there are 18,000 or 20,000 cases in the United States.—*Medical Review.*

A Review and Digest *MEDICINE and SURGERY.*

The After Treatment of Summer Diarrhoea.

The combating of the acute symptoms of gastro-intestinal infection is clear enough. Greater difficulty is encountered in treating the after effects. The poisonous decomposition of the proteids leaves certain definite lesions, and these suffice to protract the convalescence. Perhaps, there is more or less degeneration of the intestinal epithelium. In other cases ulcers of the ileum and colon are present. In still others a fatty or albuminous degeneration of the liver and spleen is present. Then again a true infection of the intestinal mucosa may occur, producing a disease not unlike typhoid fever in duration and febrile movement.

Whatever be the lesion the physician must maintain an attitude of expectancy. Drugs can have little effect on the growth of epithelial cells, or the replacement of necrotic tissue in the liver. The patient must be kept alive by a nutriment that is harmless and yet sustaining. Among these foods whey certainly holds first place. A mixture of barley gruel and whey should be tried. Malted milk is useful in certain cases, but it usually increases the diarrhoea. In the ulcerative colitis beef and mutton broth are excellent.

When there is a general inactivity of the digestive apparatus, nothing equals human milk in efficiency. A

small quantity added to the rice or barley water acts marvelously.

But do not be in a hurry. As long as the infant is alive do not surrender. There is never a case so bad but that it may get well. Stimulants and nutriment in small quantities are the principle agents. Then wait. The lifeless digestive cells will suddenly show signs of rejuvenation. And when the infant commences to gain, the battle is won.

Do not forget that after a violent acute infection the fruit juices have a powerful tonic effect. A little apple or peach juice can be safely given. When appetite and digestion are in abeyance, these juices frequently act better than drugs.

Then watch the sleep, check too frequent discharges, soothe the pain, subdue the fever by water, and you will usually win.

The Treatment of Gastro-Enteric Infection in Infants.

Now is the season when gastro-intestinal disease in infants is very common. While this is an old, perhaps worn out, subject, it seems wise, on account of the serious nature of the disease to rehearse, as it were, our present methods of treatment.

Given an infant suffering from diarrhoea and vomiting, what is to be done?

Try first to ascertain the character of the process which is taking place. Is the diarrhoea due merely to an acid decomposition of the carbohydrates or fats in the food, or a putrefaction of

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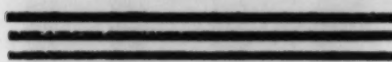
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the albuminoid constituents? This is determined by the symptoms. In the first class the infant has little or no fever, there is no general depression and the circulation is good. In the latter classes the symptoms vary, but usually fever and prostration is marked. In the first class the stools are thin, acid or rancid in odor; in the second class, the stools have an offensive odor.

In either case the iron rule is to take the baby off of milk. Do not give milk for twenty-four hours or longer.

Give a purgative, as castor oil salines or calomel. If the symptoms are severe wash out the stomach and colon.

If the diarrhoea is due to acid diarrhoea the best food for twenty-four to forty-eight hours is egg water or meat broths.

If the disease is a proteid decomposition, give nothing but plain water for ten or twelve hours, then give rice water or barley water.

The return to normal diet must be very gradual. Thus when given rice or barley water a little whey should at first be added to the water, and if this agrees a little milk may be added to the rice water. But the milk must be discontinued if the symptoms increase in severity.

In regard to medication it may be said that the bismuth salts still hold first place. Outside of this drug intestinal antiseptics have been mostly discarded, but often they do a great deal of good.

In the more persistent cases the tannic acid compounds are beneficial, such as tanalbin, tannigen, but all are

probably not much better than tincture of catechu. In many severe cases, it must be remembered that time will bring a cure. Like typhoid fever we must treat symptomatically until the infection is overcome.

The Nature of Rickets.

The chemical and microscopical changes which take place in the bones are well known. The calcium salts are insufficiently deposited, and an excessive proliferation occurs at the growing ends of the bones.

But why does this occur? What is the etiology of the disease?

Much work has been done to unravel this mystery. A few authorities are inclined to place this disorder among the infectious diseases, but, on the other hand, the leading pediatricists of the day regard it as a dystrophy, due to improper digestion and assimilation of the food.

Recently two monographs have appeared, which discuss this subject exhaustively.

The first to be mentioned is by Pritchard, who offers the following conclusions:

1. The symptoms of rickets are such as can be explained by the presence of an excess of lactic and similar acids in the system.

2. Excess of lactic acid can be generated when the food supply (carbohydratic chiefly) is relatively excessive, or when the available oxygen is relatively deficient.

3. Infants fed on excessive diets can

develop symptoms of rickets, although no element necessary for metabolism is absent from the food.

4. Such cases can be cured by reducing the food to normal proportions without in any way altering the treatment.

5. The cause of rickets in these, and probably in all cases, is excess of some element, and that element probably carbohydrate.

This theory is not new, but it is interesting to note, that while we have heretofore searched for the absence of certain elements in the food producing rickets, this author believes an excess of an element to be the prime factor.

Much more extensive is the work of Zweifel, who goes over the whole subject in an elaborate monograph. His theory differs markedly from the preceding. It may be briefly stated that an insufficient supply of common salt (sodium chlorid) is the principal factor in the etiology. His explanation is that a deficiency of common salt is followed by a deficiency in the gastric juice; and it is the acidity of this juice which digests and dissolves the calcium phosphate. By careful experiments he has shown that the addition of salt to dilute solutions of milk greatly enhance the digestion and absorption of the various elements, but particularly the proteids and salts.

Interesting as these theories are, their wide divergence conclusively demonstrates that we are still in the dark as to the ultimate nature of rickets.

Fourteen and a Half Hours' Artificial Respiration in a Child One Week Old—Recovery.

G. E. Keith reports (*The Lancet*) the case of a male child aged one week, upon whom the operation of circumcision was performed for long and tight foreskin. Chloroform was the anesthetic used; the child did not breathe well and lost more blood than usual. About fifteen hours later, the child became dyspneic and cyanosed, and when seen was apparently dead. Under artificial respiration, breathing recommenced, to fail once more when the passive movements were stopped. The artificial respiration was continued for fourteen hours and a half, at the rate of twenty to the minute. Oxygen was used continuously, and heat was applied by means of a hot-water bottle. By the time normal respiration returned the child's chest and upper abdomen resembled raw beef, and the arms were red and excoriated from the violent use to which they had been put. Recovery was very rapid. Twenty drops of brandy every hour were given and was well tolerated; a smaller amount seemed to cause a loss of ground on the part of the patient. The brandy was never noticable on the breath; it was all used in the struggle for life.—*The New York Medical Journal*, Vol. lxxii., No. 23.

The Use of the Suprarenal Capsule in Heart Disease.

The investigator of the newer remedies is prone to exaggerate the good effects of a drug, and is careless in

observing the detrimental effects. Such, in our opinion, is the case in Floersheim's report on the effect of suprarenal extract on heart disease. Many reports are lacking in detail, so that it is impossible to judge their value, but his conclusions that in all cases of heart disease this drug is a powerful heart stimulant is unwarranted.

The very fact that it enormously increases the blood pressure should offer a warning, and though the drug may at the same time strengthen the heart muscle, in grave cardiac disease its administration in large doses must be fraught with danger.

More rational, it seems to us, is its use in the acute infectious diseases, in which the peripheral circulation is poor, and the blood pressure is very low. In collapse in the later stages of pneumonia, typhoid fever, cholera infantum meningitis it might be tried.

But it is a powerful remedy, and its action deserves more extended study.

Radical Treatment of Abscess or Suppurating Wounds.

Powell, of New York, recommends pure carbolic acid (95 per cent.) in the treatment of these affections. Owing to the knowledge of the antagonistic properties of carbolic acid and alcohol, he employs it in the following way: The wound or abscess cavity is cleaned out with gauze sponges. The cavity is next filled with pure carbolic acid. After a couple of minutes this is wiped out with gauze and the cavity filled with concentrated alcohol; this is now

wiped out and the wound cavity packed with sterile or antiseptic gauze. In a short time the suppurating wound cavity is changed into one covered with healthy granulations. The value of carbolic acid in surgery is altogether underrated and deserves more consideration. The use of pure carbolic acid in the treatment of hydrocele is too, well known. Many operators of repute have of late paid considerable attention to it. Dr. Doyden, of Paris, employs it even in laparotomies. He wipes all wounds with a sponge dipped in a two per cent. carbolic acid solution, also the intestines, omentum, etc. —*The Medical Standard.*

When to Clean the Teeth.

If the teeth are to get but one thorough cleansing during the day, just before retiring is the best time to give it to them, as there are six or eight hours during sleep that the salivary glands are inactive, and fatty starchy foods that may be lodged between and around the teeth are bathed in saliva, a partial digestive fluid, undergoes decomposition, forming acids which act more or less readily on the tooth structure at the time of its formation; the salivary glands are not active during sleep, acids are not diluted, as during day a free flow of saliva prevents to a great degree the deleterious effects of acids thus formed. —*Ohio Dental Journal.*

The London County Council has appropriated \$250,000 as a precautionary measure against the bubonic plague.

College, Alumni, Personal

Dr. J. W. Huckins, '86, has removed from Vallejo to Monticello, Cal.

Dr. B. J. Laswell, '01, is located at Forest City, Shasta Co.

Dr. W. V. Wilcox, '99, is surgeon to the Knoxville mine, Napa Co.

Dr. A. Byron, '95, has disposed of his practice in Windsor, Sonoma Co., to Dr. J. G. Murrell, '91. Dr. Byron will reside in Oakland until he decides upon another location.

Dr. M. H. Logan is returned from his Eastern trip. He spent some time in the City of Mexico, in order to escape the oppressive heat of the Eastern States. The climate in that city is very similar to that of San Francisco, with the fogs omitted, and the doctor seems to have been charmed with the people and the quaint old buildings.

Dr. D. A. Cashman, Bennett, '81, died at his home in Los Angeles, June 17th. Dr. Cashman has been in California since '88, and has always been prominent in the medical work of the southern city.

Dr. Edward H. Byron, who is so well known to all our California readers through his residency at the hospital, has well-appointed offices at 21 Powell Street. Through his experience as assistant to the surgeons in the operating room he has particularly fitted himself for surgical work and will

devote himself to that branch of the profession in future.

Drs. M. V. Higgins, '01, and Vera Hamilton, '00 were married in this city July 8th. They will reside in Cambria, San Luis Obispo Co., where Dr. Higgins is well established.

Dr. C. F. Gladding, '97, has been quite seriously ill for several months. We are glad to note his complete recovery.

If we are to have that class of *one hundred* new students, it is a sure thing that *you* must send one. The annual announcement for next term is now ready for mailing. Get one, so that you can answer questions about the College. The next terms opens October 7th.

Many eclectics from Eastern States are on their way to California. The recent prostrating weather has evidently had its effect, and, of course, the new medical law had something to do with this immigration. California is large, and we want more good men, but numerical strength is of no value unless there be a united expenditure of energy.

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Editorial.

Diversion, Ethics and Ambition.

The statement that doctors are shorter lived than the members of other professions is warranted by the facts. Is it because they seldom laugh? Victor Hugo's "L'Homme Qui Rit" certainly was not a doctor of medicine. As a class, with a few exceptions, medical men are so professionally proper, and so hemmed in by a kind of stilted code of etiquette, that they can hardly be expected to enjoy good health, for lack of natural relaxation and the wholesome influences of those sweet amenities that go so far toward making human existence worth while.

Though it is admitted that medical

men represent one of the learned and admittedly dignified and very responsible professions, an unsophisticated layman, listening to the usual medical essay as read, either with stumbling hesitation, idiotic punctuation or absolutely no rhetorical expression; or else with a stilted pomposity that makes it sound like a school-boy's first attempt at a funeral oration, might well make the criticism and wonder at the proverbial gravity and stern decorum of medical men. And when one considers the usual audiences before which these scientifically lugubrious dissertations are exploited it would be excusable to assume that for a medical professor to smile or to perpetrate a deliberate pun would constitute a crime worthy of capital punishment under the Code.

Why should the medical, only, of all the professions, be for ever done up in starched stomachers and stuck up on stilts?

The literary man belongs to his clubs and has his carte blanche to unbend in all social circles; the judges on the bench, the advocate at the bar—even the man of God in his clerical robes—all these at times throw off their formal airs, shed their unwonted dignity, as the snake sheds its skin, and give themselves over to social relaxation. Our "adriondack" Murrays, with their fast horses, buckboards and beautiful women; our Beechers, Tiltons, Talmages and Downs, all found a following of exculpators and apologists; but where is the clientele to stand by the medical suspect accused by blackmailing husbands, hysterical

wives, or prudish old maids? The busy medical practitioner is practically at the mercy of every social wind that blows, the prey of every scheming man and neurotic woman, of every eccentric monomaniac and social crank that runs at large. He is never quite sure when an hour of the day or night is his own. If he presumes to partake of the good things of the world he must be content to receive his blessings as it were, at the point of a hypodermic needle or by cutaneous absorption. Even his conjugal seances—of course he must marry—are at all times subject to sudden and unseasonable interruption; and sometimes a breath of undeserved calumny, or the morbid imaginings of a hypochondriac or hysterio-epileptic are sufficient to damn his reputation forever.

The truth is, medical practice is not yet on a business basis, and prevailing medical ethics are a standing illustration of how not to do it. If the priest or Levite discovers a new process or product, or learns a new application of an old principle, if the scholar, the judge, the briefless lawyer or the theologian expounder, brings out a fresh idea or a new way of utilizing an old one, the Patent Office or the Librarian of Congress issues him a perpetual caveat; straightway he deserts his calling and becomes a bloated patent-right monopolist, with the whole power of the State or the national government standing at his back to ward off eavesdroppers and bandits.

How is it with the hard-worked and underpaid medical discoverer and inventor? Even though he should pro-

duce a contrivance that would forever banish all pain from the universe, render manual labor a thing of the past, blot out evil and poverty from the face of the earth as sunlight banishes darkness, and prolong human life to the rounded period of a thousand years, yet if he be ethical, must he publish it all without money and without price, in the next issue of the MEDICAL ORACLE, with working drawing and every ingredient and process accurately weighed and described, to be used by every competitor and every charlatan.

The medical practitioner is unlike other professional men in that he is not allowed to choose whom he will serve. In other words, he must respond with equal alacrity at the beck of all, rich or poor, honest or dishonest. For him there is no lighthouse signals, no moral or commercial Bradstreets or Duns to forefend him from dead-beat shoals and confidence rocks, and no courts of equity to recoup his reputation or award him damages for abuse, heaped thickest by some of the very ones for whom he has done the most and who have paid him the least. Verily he is compelled to cast his pearls before the world's swine; and when they turn and rend him the same world usually sneers or looks on with a "good-enough-for-him" complacency. In short, there is for him an unwritten law—usually called "moral" but often diabolical—that compels him to squander time, brains, midnight oil, and his astutest skill, to the end that he may avoid suits for malpractice by serving and saving some very good, but too

often ungrateful people, along with a good many worthless shysters who seem to live for the sole purpose of abusing the doctor and procuring medical services under false pretenses. Again, the merchant sheds oceans of printer's ink, and finds in it his business sheet anchor; the lawyer is permitted and expected to blow his own horn, night and day, before every judge, jury, courtroom crowd, and political gathering; the judge on the bench is placarded in all the dailies, and utters pettifogging decisions to gaping crowds; even the man of the cloth, the follower of the meek and lowly Nazarene, has the benefit of his Thursday evening sewing circles, all the sociables, house to house visiting, and full swing from his pulpit on Sundays. No one will question his goings and comings if he makes a little personal and professional capital out of public meetings, political conventions and agricultural "hoss trots." He may even avail himself of that acme of American impudence and cheek—the reportorial interview, without losing caste.

The physician who presumes to avail himself, be it ever so modestly, of any of these avenues to acquaintance and popularity UNLESS he be one of the lucky few who have already acquired both fame and filthy lucre (no matter how), will find himself butting his silly brains out against the ramparts of the sacred and equally silly Code. This confused collection of ridiculous contradictions invented for the mediocres rather than the mighty, alleges in dignified cadences that "it is derogatory to the character of the physician"

to adopt business methods in announcing his qualifications to serve the public. He must resolutely hide his light under a bushel, must never mention to his nearest friend such favorable facilities as have fallen to his lot, must never advert to the extent of his experience, nor divulge the nature of any discoveries or improvements which he may have made. To display any semblance of commercial enterprise or common sense business constitutes a professional blunder for which he is held amenable and subjected to ostracism.

In short, for the professional medicus bursting, perhaps, to tell the world how to do some one thing in a great deal better manner and far less time than it has ever been done before, there are only two "ethical" avenues open. He may establish a medical college (which is not needed), found a hospital for green young sawbones to experiment in, invent an obstetric forceps or lithotrite; or he may adopt the easier course and sell certificates to manufacturers, verifying the claims for purity, superiority and efficacy of all the multiplying examples of lacto pepto-pancreatized emulsions of saccharated sourkrout!

One thing more; he may have printed on the lower left-hand corner of his business card, in type so punctiliously small that nobody will ever take the trouble to read it: "Practice limited to diseases of the pyloric orifice of the Galenical gizzard;" or "Specialty—Latero-posterior enucleation of the healthy appendix; or, X-Ray illumin-

ation of congenital femurs, with reporters as paid assistants." All this is quite legitimate, quite ethical and quite acceptable to the superannuated great-grandmothers who still recite parrot-talk platitudes at our association meetings; if the aspirant for recognition and honor does not encroach upon the territory which the Great Ones may conceive to be included within the very elastic boundaries of their so-called specialties. Should he be so bold and indiscreet as to do this, then will the gentle bleatings of the sheep be changed to the fierce snarling of wolves, and the Ambitious One will become no longer ambitious but will spend his days in silent meditation upon the peculiarities of the Code.

Another Koch Announcement.

At the recent British Congress of Tuberculosis, Prof. Koch announced that he has proven that the tuberculosis of the cow is an entirely different disease from that affecting man, and neither is transmissible by serum, milk or meat. This has provoked great discussion in the Continental press, and, if true, will revolutionize sanitation so far as milk and meat inspection is involved.

Another investigator has announced through the French medical journals, that eggs are a positive cure for tuberculosis. Next!

The ancient city of Persia shows that the fire worshipers had hospitals from the earliest time.

Medical Societies.

The National.

The thirty-first annual meeting of the National Eclectic Medical Association was in session at Chattanooga, Tenn., June 18, 19 and 20. Treasurer's report showed a balance of nearly one thousand dollars after all bills for the past year were paid.

Over one hundred members of the four hundred and forty-six enrolled were present, and about seventy-five visitors. Thirty-eight new members were admitted.

The election for the ensuing year resulted as follows:

President—G. W. Johnson, M. D., San Antonio, Tex. First Vice-Presidents—J. Paul Harwill, M. D., Nashville, Tenn. Recording Secretary—Finley Ellingwood, M. D., Chicago. Corresponding Secretary—N. A. Graves, M. D., Chicago. Treasurer—W. T. Gemmill, M. D., Forest, O.

The next meeting will be held at Milwaukee, Wis.

American Association of Orificial Surgeons.

The American Association of Orificial Surgeons will hold its next annual meeting in Chicago, September 18th and 19th, 1901. Although quite separate, Prof. Pratt's "Clinic" will be held the same week, beginning September 16th. To those familiar with orificial methods and their practical application to the cure of chronic diseases, no special appeal need be made, other

than to urge their presence and attendance at this meeting, as it promises to be the best held since the organization of the Association. Lectures and papers have been promised by some of the most prominent medical men of the country. The discussions will be lively and interesting and one's knowledge of the work will be brightened and widened. To those who are not familiar with orificial ideas, theories and practices, we can say that there can be no more auspicious time to gain a practical knowledge of orificial surgery than at this meeting of the Association. The whole field will be brought within reach.

Due attention will be given to preparatory work, and fundamental principles thoroughly expounded and illustrated by some of the brightest surgeons of this country. Due attention will be given to after-treatment, therapeutical and otherwise. Papers and discussions will embrace the whole idea and give the sum and substance of more than fifteen years' work along lines that have yielded prodigious success to the surgeon and general practitioner. No live man can now afford to ignore orificial surgery or be absent from this meeting.

W. E. BLOYER, M. D., Pres.,
Cincinnati, Ohio.

HENRY C. ALDRICH, M. D., Sec'y.,
Minneapolis, Minn.

Ohio State Meeting.

The recent meeting of the Ohio State Eclectic Medical Association, held at Put-in-Bay, July 16th, 17th and 18th,

1901, was one of the most successful in its history.

Much credit is due the worthy President, Dr. J. K. Scudder, to whose arduous labors the Association is greatly indebted for the successful meeting.

The election of officers for the ensuing year resulted as follows:

President—S. Schiller, M.D., Youngstown, Ohio. First Vice-President—Charles G. Smith, M. D., Cincinnati, Ohio. Second Vice-President—R. V. Dickey, M. D., Lima, Ohio. Recording Secretary—W. S. Turner, M. D., Waynesfield, Ohio. Corresponding Secretary—W. N. Mundy, M. D., Forest, Ohio.

The next meeting will be held at Hotel Victory, Put-in-Bay, Ohio.

W. S. TURNER, M. D.,
Recording Secretary.

Special Notices.

Going to Oregon?

In Salem, the capital of Oregon, the population of which is 14,000 (including suburbs), Dr. W. S. Mott has an established practice of twelve years, worth \$5,000 annually, of which \$3,000 is cash. More than half is office practice, not ten per cent of it out of city. He offers to thoroughly introduce, and as far as possible turn this practice over to a successor who will purchase his office and heaviest household furniture together with part of his real estate, consisting City residence property and timber land (560 acres) forty miles from Salem within half a mile of R. R. and river, at its present cash value or less, if ALL is taken. Must sell

anywhere from \$3,000 to \$10,000 worth of real estate. Reason for selling—to accept a position and do special work in another city.

SPANDWAY, WASH., April 5, 1901.

Editor Journal:

I am tired, and can afford to take a rest. I will drop some bright young man into my place, if he will allow me to retain a small interest. There is no opposition. Yours, etc.,

DR. F. H. McCLELLAN,
Spandway, Wash.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

A History of Medicine—By Alexander Wilder, M. D. Published by Wm. C. Hatch, New Sharon, Me. Cloth, 950 pages, \$2.75, postage paid.

This is a book which we have been expecting for some time. Since 1890, Dr. Wilder has been busy collecting and arranging his material and the resulting volume is ample proof of the thoroughness of his work. We have been unable to find any evidence of prejudice or injustice in the way the author deals with the evolution of the various schools of practice. It is a history, and as an historian Dr. Wilder has not allowed his personal preferences to detract in any way from its value. Medicine is traced from the earliest times, and all men and events which may have entered into the evolution of physic are given credit and prominence according to their real

value as estimated after the lapse of years.

The history of the nineteenth century is very comprehensive and all of the wonderful discoveries are accredited. The following chapter on "Evolution of the American Practice" is the most beautifully phrased of any in the book. It shows clearly the influences which resulted in the division of the profession, the protest against the bigotry and egotism of the dominant school. The succeeding chapters are devoted to the growth of the eclectic system of practice from the early "Thomsonians" to the "Eclectics" of the present, including the history of all colleges, disputes, controversies and important events in the eclectic school. The synopsis of medical statutes is not valuable because of the recent changes in many of the States. From the above outline of the book its value should be recognized at once. It is of very moderate price when the labor of its compilation is considered, and no live medical man, no matter of what persuasion, can afford to be without it.

Ethidiorhpa—By John Uri Lloyd. Dodd, Mead & Co., Publishers, New York. Price \$1.50.

The success of Prof. Lloyd's "Stringtown on the Pike" has impelled the publishers to launch another edition of "Ethidiorhpa," which contains several chapters excluded from former issues.

As an example of the extremes into which an active imagination can lead an author, this tale is without an equal. It is to be regretted that it cannot be

understood by people other than those who possess a technical knowledge of natural philosophy. We cannot say that the addition of a few experimental demonstrations familiar to every high school student, particularly enhances its value. It is a literary curiosity, that is all.

The Microbe-Producing-Disease Theory Inconsistent with the Laws of Nature—J. P. Schmitz, M. D., 3321 Twenty-first street. Price, paper 50c.

Dr. Schmitz is old-fashioned enough not to believe in the germ-theory, and in this little pamphlet gives the reason for his non-belief.

Since the beginning of the nineteenth century when the theory was first advanced, there have been men of undoubted eminence and extensive observation who have opposed it as unscientific and as Buckingham said: "The assumption of causes, the existence of which we have no evidence, to account for effects, which they do not explain." Dr. Schmitz has given us nothing new. The arguments advanced are all hackneyed and the author seems to have overlooked the fact that a dogmatic statement, based only upon a theory or deduction according to assumed laws, which are themselves incapable of proof, is far from convincing. We all realize that the germ theory has become too much of a dogma. It is only a theory, but a convenient and plausible one, and because of its plausibility and convenience has become generally accepted by the profession and laity. Thus it has resulted in good, through educating

the masses to more hygienic living. Until such time as laboratory technique shall have enabled investigators to completely separate the germ from its media the question as to which is the primary factor in causing disease will remain a question and therefore open to argument.

The book contains much matter which has nothing to do with the subject, and a glossary which had better been omitted. As before stated, the arguments are neither at all new nor particularly clear, and all the matter of any real worth might have been printed on two or three pages.

Chronic Urethritis of Gonococcic Origin—By J. De Keersmaecker and J. Verhoogen, Translated and Edited by Ludwig Weiss, M. D., Published by William Wood & Co. 51 Fifth Ave., New York.

This treatise deals with the diagnosis and treatment of those cases of gonorrhoea which are usually considered cured. It is a too common belief with the laity, and, we are sorry to say, a goodly number of physicians also, that the cessation of the discharge denotes recovery. Of late years, however, the attention of scientists has been called to the probability of a recurrence of sufficient virulence to infect others, resulting in the multiplication of the ills of women. The authors lay great stress upon the value of urethroscopy in determining the exact pathologic condition, and ridicule the use of the term "chronic urethritis," which is used to embrace all post-gonorrhoeic manifestations.

It is an excellent work; well written, well illustrated and well bound; nu-

merous colored plates show the different degrees of infiltration of the urethral membrane and the effect of dilatation in the process of treatment.

Another Medical Journal.

The first copy of *The Oklahoma Medical News* was received early in July. It is a very good little journal and contains more than the usual amount of original matter by Oklahoma physicians. We trust that the Editor will be able to keep his journal well supplied with such good Mss., and we wish that all good luck may attend the enterprise.

Publisher's Notes.

Ptomaines.

One of the leading specialists of the South, Dr. W. L. Bullard of Columbus, Ga., concludes a highly interesting and instructive article on Ptomaines in the following manner: "In all my twenty years' experience at special work, where the quick and safe relief of pain is the object of treatment, I have found nothing to equal five-grain antikamnia tablets. This remedy is not only a foe to ptomaines and their absorption, but is also a corrective in cases of poisoning by food-decomposition. As purely pain relievers, these tablets of course are recognized the world over as non-cardiac depressants, and free from any tendency to produce habit. I would also call the attention of the profession to those instances wherein it is strongly advisable to rid the system of offend-

ing materies morbi as well as to correct their harmful influences whether it be in the poisons of food-decomposition or the absorption of ptomaines. In such cases I know of nothing better than laxative antikamnia tablets. These tablets judiciously administered, rid the system in a perfectly natural manner of the offending material and lessen, therefore, the quantity of medicine necessary to be taken by the patient and produce no disturbing influences on the delicate molecular interplay of the nervous structure."

Prepared by the Rio Chemical Co., St. Louis, S. H. Kennedy's Extract of *Pinus Canadensis* is obtained from the hemlock spruce, an indigenous tree of considerable height, and having a coarse, heavy bark; the bark, moreover, is highly astringent, containing, as it does, both tannic and gallic acid, besides an oleo-resin juice which is constantly oozing from it. To use an expression freely employed by those who have given *pinus canadensis* a trial, it "acts like a charm on mucous surfaces." It therefore possesses properties which give it a prominent rank in the treatment of an important class of maladies. Imparting tone and vigor to exhausted and relaxed mucous membranes, it exercises a most powerful influence over the various catarrhal affections; hence in nasal catarrh alone, its value as a therapeutic agent can not well be overrated. Its almost phenomenal success in gonorrhœa, vaginitis, and all granular and inflammatory conditions of the male and female genitals, gives it a priceless value to the specialist.

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Dr. Philip says: "I used Dehydratine recently in a case of pneumonia in a child. It makes a most effective poultice and dressing."

The Anodyne Treatment of Acute Peritonitis

McCaffrey ("The Etiology, Pathology and Treatment of Acute Peritonitis") observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts are practically useless. Hot water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice-bag is more grateful than hot applications. But whether hot or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitroglycerine, should be judiciously employed.—*Medical News*.

Dr. Logan recommends Dehydratine in erosion of the os and other forms of inflammation affecting the female genitalia.

DR. RICHARD EICHE, of Cleveland, Ohio, writing, says: "It is doubtless of great value to the medical profession

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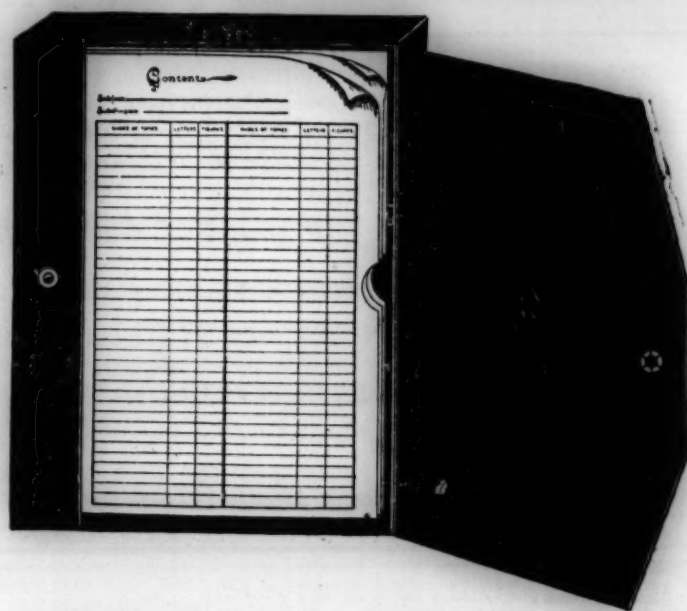
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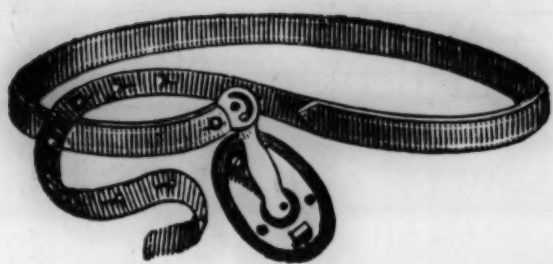
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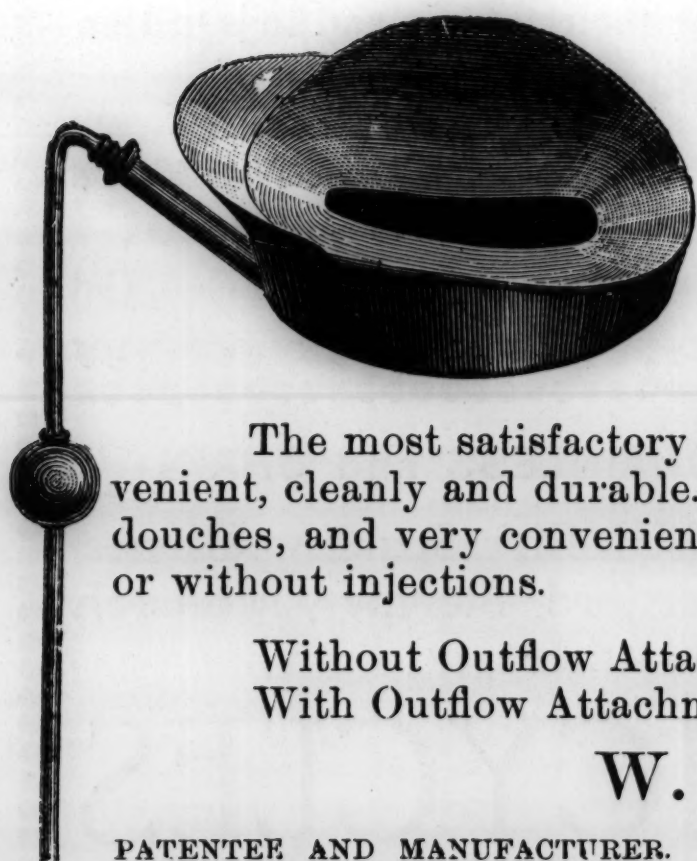
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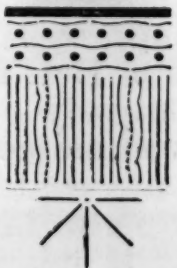
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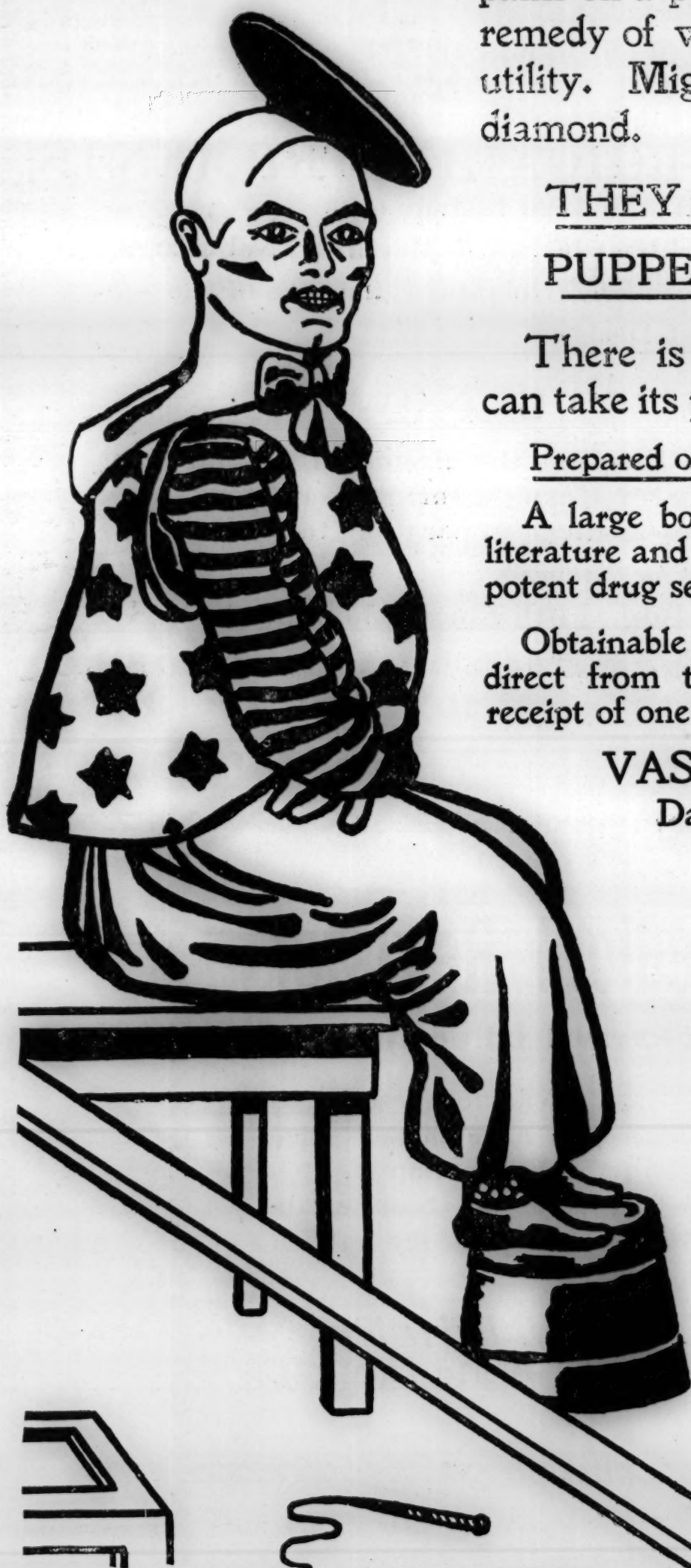
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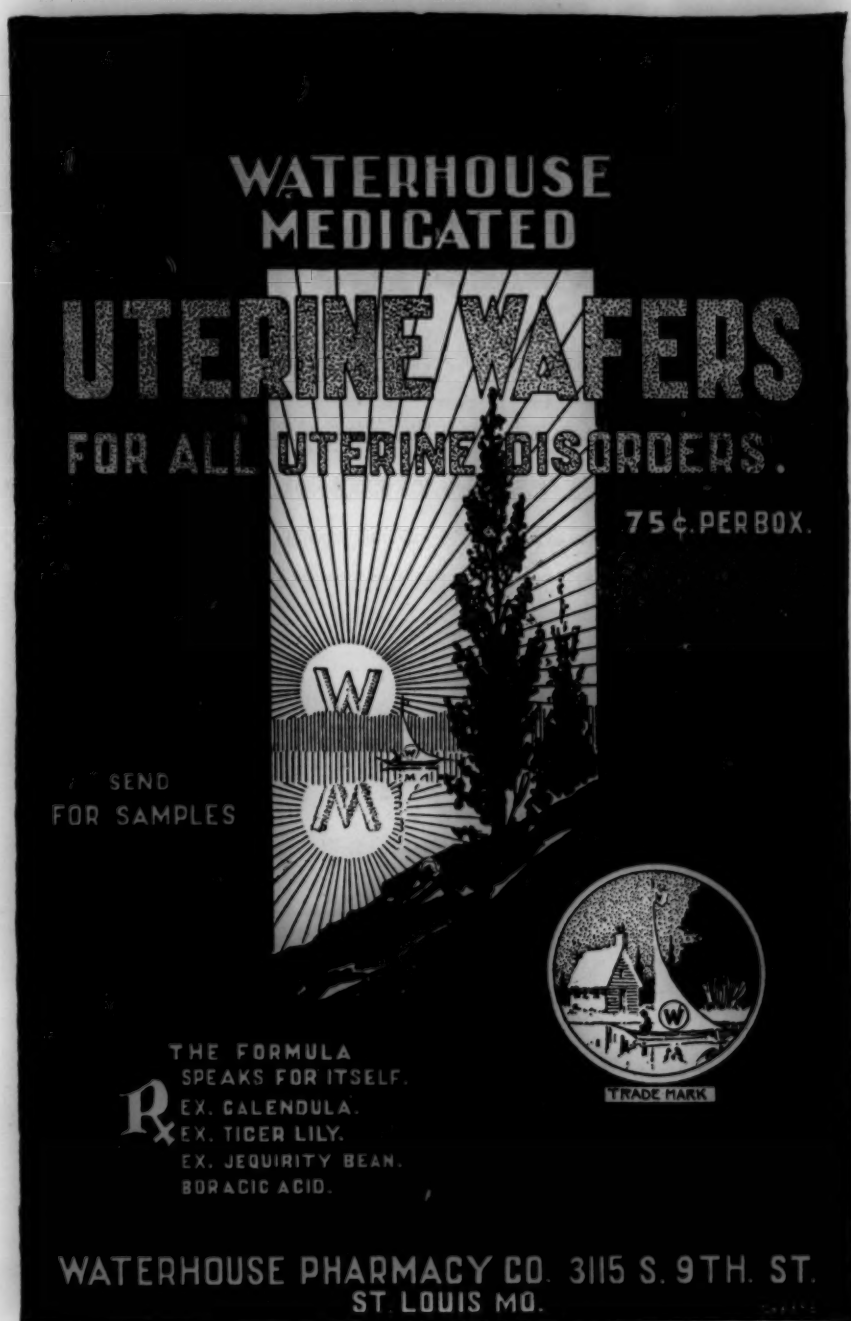
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